U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number Application or Docket Number PATENT APPLICATION FEE DETERMINATION RECORD 9 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 2) (Column 1) FEE RATE RATE FEE NUMBER EXTRA NUMBER FILED FOR BASIC FEE OR (37 CFR 1 16(a)) TOTAL CLAIMS OR minus 20 = (37 CFR 1.16(c)) INDEPENDENT CLAIMS = OR minus 3 = (37 CFR 1.16(b)) OR (37 CFR 1 16(d)) MULTIPLE DEPENDENT CLAIM PRESENT TOTA! CR TOTAL If the difference in column 1 is less than zero, enter "C" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-RATE PRESENT ADDI-RATE NUMBER ⋖ REMAINING TIONAL TIONAL **FXTRA PREVIOUSLY** AFTER FEE ENDMENT FEE PAID FOR AMENDMENT 2 Minus Total = OR (37 CFR 1.16(c)) x 5201)= Minus Independent OR (37 CFR 1.15(5)) Ž OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL 50N OR ADD'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS RATE ADDI-ADDI-PRESENT RATE NUMBER $^{\circ}$ REMAINING TIONAL TIONAL **EXTRA AFTER** PREVIOUSLY ENDMENT FEE FEE PAID FOR AMENDMENT Minus Total (37 CFR 1.16(c)) OR Minus Independent (37 CFR 1.16(b)) OR OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 3) (Column 2) (Column 1) HIGHEST CLAIMS ADDI-RATE RATE ADDI-PRESENT NUMBER \circ REMAINING TIONAL TIONAL **EXTRA** PREVIOUSLY AFTER FEE z FEE PAID FOR AMENDMENT Ш Minus Total OR AMENDM (37 CFR 1.16(c)) Minus Independent (37 CFR 1.16(b)) OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL QR ADD'L FEE ADD'L FEE • If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter *20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The Highest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Application or Docket Number												ber	
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000												6	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL EN TYPE [OR	OTHER SMALL		
TOTAL CLAIMS			45				1	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	· 710.00	
TOTAL CHARGEABLE CLAIMS			45 minus 20=		• 25			X\$ 9=		OR	X\$18=	450	
INDEPENDENT CLAIMS			ろ minus 3 =		· &			X40=		OR	X80=		
MULTIPLE DEPENDENT CLAIM P			RESENT					+135=		OR	+270=	.,,	
* If the difference in column 1 is less than zero, enter "0" in col						olumn 2	' <u> </u>	TOTAL		OR	TOTAL	1160	
. / / CLAIMS AS AMENDED - PART II								TOTAL		10.1	OTHER		
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	1/2/							TOTAL		OR	TOTAL	/	
	415104							ADDIT. FEE		OR	ADDIT. FEE	46	
		(Column 1) CLAIMS			mn 2) HEST	(Column 3) I	1			, ,		450	
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	FIRST PRESEN	NTATION OF MI	JLTIPLE DEF	PENDEN	TCLAIM		ا ز	+135=		OR	+270=		┝
	, 1							TOTAL		OR	TOTAL		
•	3/2/10			(0 -1)		(Oakiman 0)		ADDIT. FEE	<u></u>	1011	ADDIT. FEE		1
_	7/2/0	(Column 1)	<u> </u>		mn 2) Hest	(Column 3)	۱	-	1001	•		1001	ł
AMENDMENT C		REMAINING AFTER AMENDMENT		PREVI	ABER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
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	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1		/	1
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												ł	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEEOH ADDIT. FEE													1
	The "Highest Num	ber Previously Pa	id For (Total o	r Independ	dent) is the	highest numb	er fo	und in the ap	propriate bo	x in co	dumn 1.		